

SERFF Tracking Number:	CRUM-125532389	State:	Arkansas
First Filing Company:	Crum & Forster Indemnity Company, ...	State Tracking Number:	#109757 \$50
Company Tracking Number:	TERR08-WC		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	EXPWC		
Project Name/Number:	08EXP/Terr08-WC		

Filing at a Glance

Companies: Crum & Forster Indemnity Company, The North River Insurance Company, United States Fire Insurance Company

Product Name: EXPWC	SERFF Tr Num: CRUM-125532389	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #109757 \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: TERR08-WC	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Roger Bennett	Disposition Date: 03/17/2008
	Date Submitted: 03/10/2008	Disposition Status: Approved
Effective Date Requested (New): 12/26/2007		Effective Date (New): 12/26/2007
Effective Date Requested (Renewal): 12/26/2007		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: 08EXP	Status of Filing in Domicile: Pending
Project Number: Terr08-WC	Domicile Status Comments: This country wide filing is pending in the domicile states of DE and NJ.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 03/17/2008	
State Status Changed: 03/17/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
We are filing our new Informational and Expedited Terrorism Disclosure Notice for Workers Compensation.	

Company and Contact

SERFF Tracking Number:	CRUM-125532389	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	EXPWC		
Project Name/Number:	08EXP/Terr08-WC		

Filing Contact Information

Roger W. Bennett, Regulatory Compliance Specialist	roger_bennett@cfins.com
305 MADISON AVENUE	(973) 490-6809 [Phone]
MORRISTOWN, NJ 07962	(973) 490-6062[FAX]

Filing Company Information

Crum & Forster Indemnity Company	CoCode: 31348	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-2868548	

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-1964135	

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Set Fee
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
109757	\$50.00	01/16/2008

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<i>Company Tracking Number:</i>	<i>TERR08-WC</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>EXPWC</i>		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/17/2008	03/17/2008

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Disposition

Disposition Date: 03/17/2008
Effective Date (New): 12/26/2007
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Transmittal	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number:	CRUM-125532389	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	FM 111.0.754	01-08	Disclosure/ New Notice		0.00	7540108.pdf

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is _____, and does not include any charges for the portion of losses covered by the United States Government under the Act.

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<i>Product Name:</i>	<i>EXPWC</i>		
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Rate Information

Rate data does NOT apply to filing.

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<i>First Filing Company:</i>	<i>Crum & Forster Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>#109757 \$50</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>EXPWC</i>		
<i>Project Name/Number:</i>	<i>08EXP/Terr08-WC</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	03/17/2008
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Comments:

Attached

Attachment:

AR- STD Trans 08 WC.pdf

Satisfied -Name:	Expedited Transmittal	Review Status:	Approved	03/17/2008
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Comments:

Attached

Attachment:

Expedited Filing Form- 3 Com STD WC 3-10.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

Name	Fairfax Financial	Group NAIC # 0158
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4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	United States Fire Insurance Co.	DE	21113		
	The North River Insurance Co.	NJ	21105		
	Crum & Forster Indemnity Co	DE	31348		

5.	Company Tracking Number	TERR08-WC
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Roger W. Bennett Crum & Forster Insurance	Reg. Compliance	973-490-6809	973-490-6062	Roger-bennett@cfins.com
	305 Madison Ave. Morristown, NJ 07962				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Roger W. Bennett		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Property & Casualty			
10.	Sub-Type of Insurance (Sub-TOI)	Workers Compensation			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A			
12.	Company Program Title (Marketing title)	N/A			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:	12/26/07	Renewal:	12/26/07
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing	03/10/08			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This Filing Transmittal is part of Company Tracking#	TERR08-WC
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

This is an Expedited and Informational form filing of our Policyholder Notice for Terrorism.

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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: 109757 Amount: 50.	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	TERR08-WC
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Policyholder Notice of Terrorism Insurance Coverage	FM 114.0.754 01 08	[X] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	N/A
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase Rate Decrease X Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
	N/A						

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	N/A Form Filing.	[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
☐ Filing Related to <i>Non-Certified Losses</i>
☐ Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
United States Fire Insurance Company	DE	0158-21113	13-5459190
The North River Insurance Company	NJ	0158-21105	22-1964135
Crum & Forster Indemnity Company	DE	0158-31348	22-2868548

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Roger W. Bennett 305 Madison Avenue Morristown NJ 07962	973-490-6809	973-490-6062	Roger_Bennett@cfins.com

Filing information

Line of Insurance (see attachment)	Workers' Compensation
Company Program Title (Marketing title) (if applicable)	N/a
Filing Type ** see note below	Form
This application is used with:	WC 00 00 00 A
Effective Date Requested	12-26-2007
Filing date	03-10-2008
Company Tracking Number	TERR08-WC
Date filing approved in domiciliary state, if applicable	Not approved yet. Filed on same date as this filing

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Notice of Terrorism Insurance Coverage	FM 114.0.754 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Roger W. Bennett

Regulatory Compliance Specialist

Signature

Print Name:

Title: